STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 12 2017

| I. Name of Lobbyist(s) Melissia F | Petro | | NEW HAMPSHIRE | |
|---|---------------------------------|---|-----------------------------|--|
| II. Name of lobbyist's partnership, | DE | DEPARTMENT OF STATE | | |
| N/A | min or corporation, if an | y• | | |
| (Name of partnership, | firm or corporation) | | | |
| 80 Patton Drive | Cheshire | CT | 06410 | |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) | |
| (203) 461-0823 | () | e-mail melissia.petro | @pharma.com | |
| (Telephone) | (Fax) | | | |
| III. This statement covers: (Choose | | | y file a separate report i | |
| reportable expense transactions wh | ich are not attributable to | any one client). | | |
| M All reportable transactions occurri | ng in the months prior to th | e reporting date relative to the | following client: | |
| Purdue Pharma LP | | | | |
| | Client as it appears on the Lob | byist Registration Form) | | |
| OR | 31 142 1 P 4 111 | | ~ | |
| ☐ All reportable transactions by the l unrelated to any particular client. | obbyist (including the lobb | yist's family), or the lobbying | firm listed below which a | |
| IV. Date of Report April 26, 201 | 7 🗹 | July 26, 2017 🛚 | | |
| Reports cover: activity from date of r | _ | activity from 4/1/17 to 6/30/17 | | |
| October 25, 2 activity from 7/1, | | January 31, 2018 activity from 10/1/17 to 12/31/1 | 7 | |
| | | | | |
| V. There have been no fees recei If this box is checked, complete just th Concord, NH 03301. | | | | |
| VI. Check if additional reports are | attached: | | | |
| If you have received fees or made | expenditures, you must file | e Addendum A– Fees and Ex | penses | |
| ☐ If you have paid an honorarium of Expense Reimbursement | | | | |
| ☐ If you, your firm, or your family I | nas made political contribut | ions, you must file Addendu n | n C– Political Contribution | |
| | | | | |
| Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowledge. | 14-C and RSA 664 and her | | | |
| (Signature of lobbyist) | | 4/ N/17 (Date | <u> </u> | |
| Melissia Petro | | , (one | , | |
| (Print Name of lobbyist) | | | | |

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Melissia Petro | |
|---|---|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| N/A | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client Purdue Pharma LP | Date 4/7/2017 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: | relations, or public relations services |
| a) Total of all fees received in this reporting period | a) \$ 5,000.00 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year). | b) \$ <u>0.00</u> |
| c) Total of all fees received to date (Add lines a and b) | c) \$ _5,000.00 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ 0.00 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ 0.00 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ <u>0.00</u> |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ 0.00 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ 0.00 |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ 0.00 |
| f) Total of all expenses year to date | f) \$ <u>0.00</u> |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| N/A | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| | · |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | n that the foregoing information |
| (Signature of lobbyist) | 411/17 (Date) |
| Melissia Petro | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

| Statement of | ncome and Expenses for: |
|-------------------|--|
| Name of Lobby | ing partnership, firm, or corporation: Melissia Petro |
| Name of Client | (leave blank if Statement is for the partnership, firm, or corporation and not related to any |
| particular client | : Purdue Pharma LP |
| Date of Report | (check one): |
| April 26, 2017 | ☑ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ |
| | A 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and ddendums submitted with that Statement (insert the number of Addendum forms being |
| Addend | um A(s). |
| _0 Addend | um B(s). |
| 0 Addend | um C(s). |
| | or affirm that the foregoing information on the Statement and each Addendum is true and best of my knowledge and belief. |
| (Signature of lo | Obek 4/1/17 (Date) |
| Melissia Petro | |
| (Print Name of | obbyist) |